

UNITED STATES DISTRICT COURT

MIDDLE

District of

ALABAMA

BEATRICE L. WILLIS

V.

SEARS

SUMMONS IN A CIVIL CASE

CASE NUMBER: 3:05-cv-01019-SRW

TO: (Name and address of Defendant)

SEARS
c/o SEARS Legal Department
333 Beverly Road, A3-128B
Hoffman Estates, IL 60179

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

T. ROBIN MCINTYRE
2101 Executive Park Drive
Suite 102
Opelika, AL 36801
(334)745-3223

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Debra P. Hackett

CLERK

Donna M. Thrifelt
(By) DEPUTY CLERKOctober 28, 2005

DATE

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE
NAME OF SERVER (<i>PRINT</i>)	TITLE

Check one box below to indicate appropriate method of service

- Served personally upon the third-party defendant. Place where served: _____
- Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- Returned unexecuted: _____
- Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____ Date _____ *Signature of Server*

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RECEIPT CARD											
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE											
m											
SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 											
COMPLETE THIS SECTION ON DELIVERY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. Signature X</td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td> </tr> <tr> <td>B. Received by (Printed Name) <i>Sears Legal Dept</i></td> <td>C. Date of Delivery <i>2005</i></td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"> 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </td> </tr> <tr> <td colspan="2">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td> </tr> </table>		A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) <i>Sears Legal Dept</i>	C. Date of Delivery <i>2005</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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1. Article Addressed to: <i>3:05cv1019 cmpl/sms</i> <i>to Sears</i> <i>Sears Legal Dept</i> <i>333 Beverly Rd</i> <i>A3-128B</i> <i>Hoffman Estates IL</i> <i>60179</i>											
2. Article Number <i>(Transfer from service label)</i> <i>7005 1820 0001 7949 1613</i>											
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540											